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## Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number. POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: Practitioners associated with the Customer Number: 41577 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Registration Number Number Name Name as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 41577 ☐ The address associated with Customer Number: Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Roche Diagnostics Operations, Inc. 9115 Hague Road Indianapolis, IN 46250 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 130106 Name D. Michael Young Telephone (317) 521-7340

RDG CPS.le 379917

Title

Assistant Secretary